

Entered - 02/19/01 - sb
CL 01L0125 - GWENDOLYN BURNS

CLAIM OF: STATE FARM INSURANCE COMPANIES
as subrogee of SUE N. STANFORD
2240 West Park Place Boulevard
Stone Mountain, Georgia 30087

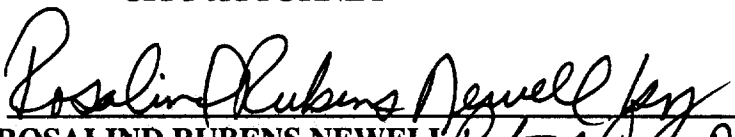
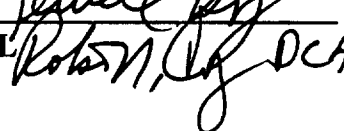
01-R-0506

For vehicular damages alleged to have been sustained as a result of an automobile accident on February 5, 2001 at 130 West Wieuca Road, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES** as subrogee of **SUE N. STANFORD** the sum of **\$2,000.00** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of an automobile accident on February 5, 2001 at 130 West Wieuca Road, NE. as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY  DCA

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0125

Date: March 16, 2001

Claimant /Victim SUE N. STANFORD
BY: (Atty) (Ins. Co.) STATE FARM INSURANCE COMPANIES
Address: 2240 West Park Place Boulevard, Stone Mountain, Georgia 30087
Subrogation: X Claim for Property damage \$ 7,440.50 Bodily Injury \$ _____
Date of Notice: 2/14/01 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 2/5/01 Place: 130 West Wieuca Road, NE
Department PARKS, RECREATION & CULTURAL AFFAIRS Division Parks
Employee involved John A. Nash Disciplinary Action: Proposed 1 day suspension

NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck by the rear tailgate of city vehicle.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report X Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X
City not involved _____ Offer rejected _____ Compromise settlement X
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,

INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ 2,000.00 Adverse _____ Account charged: 1A01 X 2J01 _____ 2H01 _____
Claims Manager: [Signature] Concur/date 03-16-01
Committee Action: _____ Council Action _____

State Farm Insurance Companies



February 9, 2001

Stone Mountain Claim Office
2240 West Park Place Blvd.
Stone Mountain, Georgia 30087

Phone: (770) 879-2100

City Of Atlanta Municipal Clerk-Law Dept
55 Trinity Ave SW
Atlanta, GA 30335-0332

ENTERED - 2-19-01 - SB
01L0125 - GWEN BURNS

RE: Claim Number: 11-3594-920
Our Insured: Sue N. Stanford
Date of Loss: February 5, 2001
Amount of Loss:

Burns
02/14/01
[Signature]

Dear Sir/Madam:

We are advised that you were involved in an accident on the above date with our insured. The information in our file indicates that you are responsible for this accident. Please provide us with the following information:

Do you have liability insurance? Yes ☐ No ☐

(If yes, please complete the following)

Insurance Company and/or agent name: _____

Address: _____

Policy/Claim Number: _____

Have you reported this accident to your Insurance Company? Yes ☐ No ☐

If you do not have insurance, please forward the above amount to settle this account or contact this office to discuss payment terms.

Sincerely,

Debbie Stephens
Claim Specialist
(770) 879-2192

State Farm Mutual Automobile Insurance Company

COPY

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HOME OFFICES: BLOOMINGTON, ILLINOIS 61710-0001